

*P Booker*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS																			
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.						
1								51											
2								52											
3								53											
4								54											
5								55											
6								56											
7								57											
8								58											
9								59											
10								60											
11								61											
12			1					62											
13								63											
14								64											
15								65											
16								66											
17								67											
18								68											
19								69											
20								70											
21								71											
22								72											
23								73											
24								74											
25								75											
26								76											
27								77											
28								78											
29								79											
30								80											
31								81											
32								82											
33								83											
34								84											
35								85											
36								86											
37								87											
38								88											
39								89											
40								90											
41								91											
42								92											
43								93											
44								94											
45								95											
46								96											
47								97											
48								98											
49								99											
50								100											
TOTAL IND.			2																
TOTAL DEP.			12																
TOTAL CLAIMS			14																